

MONARCH ESTATE PLANNING

Simple Trust Questionnaire Form

(Married Couple)

Please mail or email the completed form to:

Meagan N. McCraw
8901 East Mountain View Road, Suite 114
Scottsdale, Arizona 85258
meagan@monarchestateplanning.com

[If you are updating an existing trust, please provide the following information and skip questions 1 and 2]

Name of current trust: _____

Date of current trust: _____

Your names (as they appear in the current trust):

Husband: _____

Wife: _____

1. If this is a new trust, what name would you like it to have? Examples: John & Mary Doe Trust, Doe Family Trust, Do Re Mi Trust, etc. **NOTE: You may choose any name.**

2. How would you like your names to appear in your estate planning documents? **NOTE: You may use your middle name or initial.**

Husband: _____
First _____ Middle/Initial _____ Last _____

Wife: _____
First _____ Middle/Initial _____ Last _____

Are you known by any other names?: _____

3. Address: _____
Street address _____ (Apt.) _____

City _____ State _____ Zip _____ County _____

4. Phone Numbers:

Home: Other:

H Mobile: **123-4567890** H Work: **123-4567890**

W Mobile: **W Work:**

5. Approximate Net Worth:

Total (excluding life insurance): \$ _____

Life insurance: Husband \$ _____ Wife \$ _____

IRA(s): Husband \$ Wife \$

6. List all children and indicate relationship and date of birth. Select **H** for husband's child, **W** for wife's child and **J** for joint child; select **S** for son or **D** for daughter:

7. Who should inherit the trust after both of you are deceased. Choose one **option 1-5** (see page 3) for each heir to described the person(s) who should inherit that heir's share if he or she doesn't survive you:

[Must total 100%]

- 1 - If heir doesn't survive, to his/her own descendants (children, grandchildren, etc.), if any, otherwise pro rata to other beneficiaries
- 2 - If heir doesn't survive, to his/her spouse, if any, otherwise pro rata to other beneficiaries
- 3 - If heir doesn't survive, to his or her descendants (children, grandchildren, etc.), if any, otherwise to his or her spouse, if any, otherwise pro rata to other beneficiaries
- 4 - If heir doesn't survive, to his or her spouse, if any, otherwise to his or her descendants (children, grandchildren, etc.), if any, otherwise pro rata to other beneficiaries
- 5 - If heir doesn't survive, pro rata to other beneficiaries

8. Default beneficiaries: Who should inherit the trust if **all individuals and their successors** in question #7 are deceased. For example, if you named your child in question #7 and selected “1” (your grandchildren) as back-up, you should not list a grandchild in question #8 because that grandchild will inherit under question #7.

9. Is any family member expressly excluded?

Name(s) and Relationship: _____

10. At what age should an heir get full control of his or her inheritance? **NOTE: Funds will be available before distribution age(s) as needed for education, health care, support and maintenance:** _____ (i.e., age 25)

11. If an heir challenges the trust, should that heir forfeit his/her share? **Y** **N**

Should the heir's descendants (children, grandchildren, etc.) also forfeit? **Y** **N**

12. Who should serve as successor trustee, if **neither** spouse can serve? **NOTE: You may list more than one person in the same order of priority to serve as co-trustees.**

First Choice: _____

Second Choice: _____

Third Choice: _____

13. Do you wish to name an investment advisor your trustee should work with? **NOTE: This is a recommendation only and does not require your trustee to work with that person.**

14. Who should act as guardian of any minor children? **NOTE: You may list more than one person in any order of priority.**

First Choice: _____

Second Choice: _____

Third Choice: _____

15. Who should handle **financial** matters, during your lifetime, if you are not capable and your spouse is deceased or unavailable? **NOTE: Your spouse is automatically first choice; do not enter spouse's name.**

Husband:

Wife:

First Choice: _____

Second Choice: _____

Third Choice: _____

16. Who should make your **health care** decisions if you are not capable and your spouse is deceased or unavailable? **NOTE: Your spouse is automatically first choice; do not enter spouse's name.**

Husband:

Wife:

First Choice: _____

Second Choice: _____

Third Choice: _____

17. Do you want a living will?

Husband: Y N

Wife: Y N

18. Do you wish to donate your organs for transplant?

Husband: Y N

Wife: Y N

19. Do you want to be cremated?

Husband: Y N

Wife: Y N

20. Is there anything else that is important to you in your estate plan?: _____

Husband's signature

Wife's signature